



**SAN DIEGO COUNTY**  
**DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA**  
**HAZARDOUS MATERIALS DIVISION**  
**P.O. BOX 129261, SAN DIEGO, CA 92112-9261**  
**(619) 338-2222; 1-800-253-9933; FAX (619) 338-2377**  
<http://www.sdcountry.ca.gov/deh/hmd/>

**RISK MANAGEMENT PLAN (RMP) WORK PLAN**

**I. STATIONARY SOURCE (SS) INFORMATION**

NAME OF STATIONARY SOURCE (SS)		UNIFIED PROGRAM FACILITY PERMIT NUMBER	
SITE ADDRESS	CITY	CA	ZIP CODE
LATITUDE AND LONGITUDE & METHOD FOR OBTAINING THIS			NAICS CODE
SS USEPA IDENTIFIER	SS DUNN & BRADSTREET # 106	# FULLTIME EMPLOYEES AT THE SS	
CORP/PARENT COMPANY NAME		CORP/PARENT DUNN & BRADSTREET #	
WEBSITE			

**II. STATIONARY SOURCE RMP CONTACT, OWNER/OPERATOR INFORMATION**

NAME OF OWNER/OPERATOR SS		OWNER PHONE	
NAME OF RMP CONTACT	TITLE	CONTACT PHONE # ( )	
MAILING ADDRESS	E-MAIL	CONTACT FAX # ( )	
CITY	STATE	ZIP CODE	
24-HR EMERGENCY CONTACT NAME	TITLE	PHONE # ( )	
24-HR EMERGENCY CONTACT NAME	TITLE	PHONE # ( )	

**III. CONSULTANT CONTACT INFORMATION (if applicable)**

COMPANY NAME	CONSULTANT NAME	CONSULTANT'S PHONE # ( )
CONSULTANT'S ADDRESS	CONSULTANT'S E-MAIL	CONSULTANT'S FAX # ( )
CITY	STATE	ZIP CODE

**IV. PROCESS INFORMATION**

NAME OF REGULATED SUBSTANCE (one sheet per item)	CAS NUMBER	MAX QUANTITY (in Lbs.)	RMP PROGRAM LEVEL (Circle) 1                      2                      3
Is stationary source subject to Part 355 of Title 40 CFR? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is process subject to PSM Sec. 5189 of Title 40 CFR? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is process subject to Title V Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROCESS INSTALLATION DATE (new/modified facility) ____/____/____	LAST SAFETY INSPECTION DONE BY A: <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL DATE OF INSPECTION: ____/____/____
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**V. RMP TECHNICAL STUDIES**

TYPE OF HAZARD EVALUATION TO BE CONDUCTED: Manual Calculation (Tables) <input type="checkbox"/> YES <input type="checkbox"/> NO    or    Computerized Air Model <input type="checkbox"/> YES <input type="checkbox"/> NO	Methods for Air Dispersion Modeling: DATE OF SEISMIC WALKTHROUGH: ____/____/____
Name of Computerized Model (if applicable):	
Passive Mitigation considered for Worst-Case Scenario (specify):	
Reason for RMP Change:	
CERTIFICATION BY:	PRINTED NAME:                      DATE ____/____/____

## WORK PLAN SUBMISSION/INSTRUCTIONS GUIDELINES

### I. Stationary Source (SS) Information

**Name of Stationary Source:** Enter your business/facility name or DBA.

**Stationary Source Permit Number:** Enter the Unified Program Facility Permit number if known.

**Address of Stationary Source:** This is the site address of your facility.

**Latitude and Longitude:** Enter the Latitude and Longitude of the stationary source and the method used for obtaining the Lat and Long.

**NAICS Code:** Enter the 6 digit North American Industry Classification System (NAICS) code.

**SS USEPA Identifier:** Enter the SS USEPA ID Number (If applicable)

**Number of full-time employees at the SS:** Enter the number of full-time employees at the SS

**SS Dun and Bradstreet (D&B) #:** Enter the SS Dun and Bradstreet Number

**Corp/Parent Company Name:** Provide the name of parent or corporate owner.

**Corp/Parent Company D&B#:** Provide the Dun and Bradstreet number of the parent or corporate owner.

**Website:** Website address for the corporate/parent organization if applicable.

### II. SS RMP Contact, Owner/Operator Information

**Name of Owner/Operator:** Provide the name of the owner of the SS

**Name of RMP Contact:** Provide the name of the person who will be your primary RMP contact for the SS.

**Title:** Provide the title of the RMP Contact

**Mailing Address:** Provide RMP Contact's mailing address.

**Phone#:** Provide the phone number for your primary RMP contact.

**Fax#:** Provide a fax number for the primary RMP contact.

**E-mail:** Provide the e-mail address for your primary RMP contact if one is available.

**24-Hour Emergency Contact:** Provide the name of a person available for emergencies 24 hr a day.

**Title:** Title of the 24 hr emergency contact person.

**Phone#:** Provide the 24 hr. phone number for the contact person

**24-Hour Emergency Contact:** Provide the name of an alternate person available for emergencies 24 hr a day.

**Title:** Title of the alternate 24 hr emergency contact person.

**Phone#:** Provide the 24 hr. phone number for the alternate contact person

### III. Consultant Contact Information (if applicable)

**Company Name:** Provide the company name of your consultant project coordinator.

**Address:** Provide the address of your consultant.

**Phone#:** Provide the phone number of the RMP consultant project coordinator.

**Fax#:** Provide the fax number of your consultant project coordinator.

**Name of Project Coordinator:** Provide the name of the primary RMP consultant project coordinator.

**E-mail:** Provide the e-mail of your consultant, if known.

### IV. Process Information

**Regulated Substances:** Provide the names and quantities (in pounds) of the regulated substances in your process(es).

**CAS number:** Provide the Chemical Abstract Service number of the regulated substance.

**RMP Program Level:** Circle the program level that you will be developing for your RMP(s).

**SS is subject to Part 355 of Title 40 of CFR:** Mark YES if the SS is subject to chemical disclosure under Title 40 CFR Part 355 or mark NO if quantity onsite is below Threshold Planning Quantities.

**Process Subject to PSM:** Mark YES if you process is subject to OSHA Process Safety Management (PSM) or NO if not subject to PSM.

**Process Subject to Title V Permit:** Mark YES if your process is subject to the Title V air permit requirements or NO if not subject to Title V.

**Date of Seismic Walkthrough:** Provide the projected date you plan to do your seismic walkthrough.

**Process Installation date (new/modified facility):** If you are adding a new process or modifying an existing process, provide the date you plan to start-up the process.

**Date of the last safety inspection:** Provide the date and the name of the agency that last performed a safety inspection of the SS. Mark if safety inspection was performed by FEDERAL STATE or LOCAL AGENCY

**RMP Technical Studies:** Mark

### V. RMP Technical Studies

**Type of Hazard Evaluation to be conducted:** Provide the name of the type of hazard evaluation you plan to conduct, i.e., What-if/Checklist, HAZOP, etc.

Methods of Air Dispersion Modeling: **Manual Calculations (Tables):** If you plan to use manual calculations or EPA look-up tables for your offsite consequence analysis check YES or NO, as applicable.

**Computerized Air Model:** If you plan to use a computerized air model for you offsite consequence analyses check YES, if not, check NO.

**If you plan to use a computer air model provide the name and version.**

**Passive Mitigation for Worst-Case (specify):** Specify the type of passive mitigation you plan to use for you worst-case offsite consequence. If you do not plan to use passive mitigation state "none".

**List the Reason for RMP Change**

**Certified by:** This line must be signed by the person certifying that the information provided is true and accurate.

**Printed Name:** Print the name of the person certifying that the information provided is true and accurate.

**Date:** Provide the date the work plan was completed and signed.